OMB Approved No. 2900-0149
Respondent Burden: 15 minutes

Department of Veterans Affairs

APPLICATION FOR CONVERSION
GOVERNMENT LIFE INSURANCE

IMPORTANT - Answer all items. (See VA Pamphlet 29-73-1)
Do not return policy with this form.

1. INSURANCE FILE NO. *(Include letter prefix)*

PRIVACY ACT INFORMATION: No insurance may be converted unless a completed application form has been received (38 USC 1904 and 1942). The information provided, on a voluntary basis, will be used by VA employees and your authorized representatives in the maintenance of Government insurance programs. Responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 36VA00, Veterans and Armed Forces Personnel U.S. Government Life Insurance Records-VA, published in the Federal Register.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

2. FIRST, MIDDLE, LAST NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES *(Include number and street or rural route, city or P.O., State and Zip Code)*

3. POLICY NO. TO BE CONVERTED *(Include letter prefix)*

4. VA CLAIM NO. *(If any)*

5. SOCIAL SECURITY NUMBER

6. DAYTIME TELEPHONE NO. OF INSURED *(Include Area Code)*

7A. PERMANENT PLAN(S) APPLIED FOR

- ☐ ORDINARY LIFE
- ☐ 20 PAYMENT LIFE
- ☐ 30 PAYMENT LIFE
- ☐ 20 YEAR ENDOWMENT
- ☐ ENDOWMENT AT 60
- ☐ ENDOWMENT AT 65
- ☐ MODIFIED LIFE 65
- ☐ MODIFIED LIFE 70

7B. AMOUNT OF INSURANCE TO BE CONVERTED

$

7C. IF YOU ARE NOT CONVERTING ENTIRE POLICY, DO YOU WISH TO CONTINUE ANY TERM INSURANCE?

- ☐ YES *(If "YES", enter amount)* $ _____
- ☐ NO

8A. METHOD OF PREMIUM PAYMENT *(Check one)*

- ☐ DIRECT PAYMENT TO VA *(If checked complete Item 8B)*
- ☐ MONTHLY ALLOTMENT FROM RETIREMENT/ACTIVE SERVICE PAY
- ☐ MONTHLY DEDUCTION FROM VA PENSION OR COMPENSATION
- ☐ VA MATIC *(Automatic Checking account deduction)*

NOTE: If you have VA MATIC, we will adjust your deduction on the date of conversion. If you do not have VA MATIC and would like more information about it, please call our toll free number.

8B. DESIRED METHOD FOR DIRECT PAYMENT OF FUTURE PREMIUMS *(Check one)*

- ☐ MONTHLY
- ☐ SEMIANNUALLY
- ☐ QUARTERLY
- ☐ ANNUALLY

9A. AMOUNT OF FIRST PREMIUM	$
9B. TOTAL DISABILITY INCOME PROVISION *(If any)*	$
9C. TOTAL AMOUNT	$

10A. ARE YOU NOW DISABLED?

- ☐ YES *(If "YES", give name of disability and complete Items 10B and 10C, if "NO", go to Item 11)*
- ☐ NO

10B. DATE LAST TREATED BY PHYSICIAN OR HOSPITAL *(Include VA physician or hospital)*

10C. DOES YOUR DISABILITY PREVENT YOU FROM WORKING?

- ☐ YES *(If "YES", explain fully)*
- ☐ NO

11A. SIGNATURE OF APPLICANT *(Application MUST be signed and dated in ink)(Do not print)*

11B. DATE OF APPLICATION

PENALTY - The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by fine or by imprisonment or both.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR INSURANCE CALL US TOLL FREE AT 1-800-669-8477

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